

**BEST AVAILABLE COPY**  
**PATENT APPLICATION FEE DETERMINATION RECORD**  
 Effective October 1, 2000

Application or Docket Number

09714013

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 22            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 12 minus 20 = | 2            |
| INDEPENDENT CLAIMS  | 3 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 4                                | 20                                 |               |
| Independent   | 1                                | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

10-21-04

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 4                                | 20                                 |               |
| Independent   | 1                                | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

3/24/05

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 4                                | 20                                 |               |
| Independent   | 1                                | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| SMALL ENTITY TYPE <input type="checkbox"/> |        | OR | OTHER THAN SMALL ENTITY |        |
|--|--------|----|-------------------------|--------|
| RATE                                       | FEE    |    | RATE                    | FEE    |
| BASIC FEE                                  | 355.00 | OR | BASIC FEE               | 710.00 |
| X\$ 9=                                     |        | OR | X\$18=                  | 36     |
| X40=                                       |        | OR | X80=                    |        |
| +135=                                      |        | OR | +270=                   |        |
| TOTAL                                      |        | OR | TOTAL                   | 746    |

| SMALL ENTITY |                | OR | OTHER THAN SMALL ENTITY |                |
|--------------|----------------|----|-------------------------|----------------|
| RATE         | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=       |                | OR | X\$18=                  |                |
| X40=         |                | OR | X80=                    |                |
| +135=        |                | OR | +270=                   |                |
| TOTAL        |                | OR | TOTAL                   |                |
| ADDIT. FEE   |                | OR | ADDIT. FEE              |                |

| SMALL ENTITY |                | OR | OTHER THAN SMALL ENTITY |                |
|--------------|----------------|----|-------------------------|----------------|
| RATE         | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=       |                | OR | X\$18=                  |                |
| X40=         |                | OR | X80=                    |                |
| +135=        |                | OR | +270=                   |                |
| TOTAL        |                | OR | TOTAL                   |                |
| ADDIT. FEE   |                | OR | ADDIT. FEE              |                |

| SMALL ENTITY |                | OR | OTHER THAN SMALL ENTITY |                |
|--------------|----------------|----|-------------------------|----------------|
| RATE         | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=       |                | OR | X\$18=                  |                |
| X40=         |                | OR | X80=                    |                |
| +135=        |                | OR | +270=                   |                |
| TOTAL        |                | OR | TOTAL                   |                |
| ADDIT. FEE   |                | OR | ADDIT. FEE              |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**